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NEEDS ASSESSMENT

Care for the uninsured in Pierce County is delivered by community clinics, emergency rooms and urgent care centers, private physicians, and faith-based clinics. There are limited electronic linkages among the components of the system

There are 3 community clinic systems in Pierce County with a mission specifically to serve low-income people. Approximately 36% of their clientele are uninsured. For 2001 SeaMar, the Pacific Lutheran Wellness Center and Community Health Care had more than **118,000 (43,110 clients, of which 36% or 15,520 are uninsured)** client visits **("Resources for the Uninsured in Pierce County: Interviews with Organizations")**. There are a total of 30 providers in the 3 systems. The ethnicity percentages are variable by clinic. Seamar, with a target focus on the Hispanic/Spanish speaking community, sees 60% Latino, 30% Caucasian, 5% African American, 3% Asian-Pacific Islander and 2% Other. Analysis of poverty level indicators show that 68% of patients are 100% or below the federal poverty level, 24% fall between 101-199% of poverty, and 8% are 200% or above poverty **("Resources for the Uninsured in Pierce County: Interviews with Organizations")**At the PLU Wellness Center 70% are White, 14% African-American, 8% Asian, and 8% Other **("Resources for the Uninsured in Pierce County: Interviews with Organizations")**The clients of Community Health Care are 52% White, 14.6% African-American, 20.9% Hispanic, 5.8% Asian/Pacific Islander, 0.9% Native American and 2.2% Russian **(Community Health Care 2001 Annual Report)**. According to Census 2000, in Pierce County 7.0% of the population is African-American, 5.5% are Hispanic or Latino, 5.1% is Asian, 1.4% are American Indian and Alaskan Native, and 0.8% are Native Hawaiian and Other Pacific Islander. **(Census 2000)**

One of the primary but most cost-inefficient means of care delivery for the uninsured is through the emergency rooms of the three non-profit hospital systems in the county. The hospital systems also operate a number of urgent care centers. Although there are some for-profit urgent care centers, they see few uninsured, as the centers require payment at the time of service. According to a study done by Byers and Sullivan (2002) **(Byers and Sullivan 2002, unpublished data)**, for fiscal year 2000-2001, 26,036 visits by the uninsured occurred in Pierce County emergency rooms at a cost for care of $19,628,637 in 2000-2001 fiscal year. The average cost per visit for was $677.05. Fifty-two percent of the ED visits had associated charges of $500 or less, indicating low-acuity problems.

The Byers and Sullivan analysis shows that the average age of the uninsured seen in Pierce County emergency departments is 30, with 55.8% of those between 21 and 40. Interestingly enough, an additional 26.4% are between 41 and 64. Because Washington State provides Medicaid coverage for children up to 250% of the Federal Poverty Level, only 12.6% of the uninsured being seen in emergency departments are between ages 0 and 20. It is suspected that many of these children are actually eligible for Medicaid coverage, since the state has relatively high eligibility limits for Medicaid coverage,

Between fiscal years 1999-2000 and 2000- 2001, there was a 6.7% increase in the number of emergency department visits. During those years, however, the unemployment rate in Pierce County was below 4.3%. Although a similar analysis of

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2001-2001 has not yet been done, it is known that there has been a marked increase in the number of ED visits by the uninsured in recent months, reflecting the concommitant rise in unemployment.

Of those seen in emergency departments 31.3% were seen for the ICD-9 diagnostic category of injury and poisoning. The charges for 2000-2001 showed a 35.7% increase from the previous year.

Private physicians are increasingly unwilling to see even Medicaid and Medicare patients **("Resources for the Uninsured in Pierce County: Interviews with Organizations")**For the uninsured patient the cost of care through the private sector is such that they are likely to not be able to pay the bills. Arrangements are worked out with individual private practice physicians, with most physicians reporting taking care of some uninsured patients. In addition, uninsured patients seen in emergency departments but needing follow-up care are referred to physicians on a rotating basis.

Faith-based clinics are supported solely by the the members of a local church. The two clinics in the area are Trinity Presbyterian Free Clinic and St. Leo's Clinic. They operate with volunteer staff with very limited hours., and saw fewer than 2000 patients in 2001. There are no facilities for testing or prescriptions **("Resources for the Uninsured in Pierce County: Interviews with Organizations").**

United Way supports a community resource phone line, which will serve as the phone number on the back of the APC membership card for the uninsured. In 2001 this number gave 612 referrals to community clinics for the low-income, out of a total 803 referrals for Health/Medical issues. Out of the top 10 areas of need, this is the 5th highest referral area. They range from rent assistance with 3385 referrals to legal issues with 272 **("Resources for the Uninsured in Pierce County: Interviews with Organizations")**

The target population of this grant application is the uninsured population of Pierce County, Washington. The location of the service area with its associated target population is noted on the map in Appendix 1. Pierce County, with 701,000 inhabitants, is the second most populated metropolitan area in Washington State. From 1990 to 2000 Pierce County saw a 19.6% increase in population, according to Census 2000 **(census 2000)**.

The county has an employment base of mainly manufacturing, wholesale/retail trade, international shipping, forest products aerospace industry, internet commerce, and national and government defense and services. Many of these industries have experienced layoffs resulting in a regional recession within the past year. An example is the Boeing Company. Although the Boeing Company is physically located in the county to the north, King County, many Boeing employees live in Pierce County. Thus, the significant recent layoffs from Boeing have had a marked influence on the number of uninsured in our county. Boeing just announced another 1,000 people to be laid off.

The current unemployment rate doubled in the past year and there is little improvement seen on the horizon. The causes of this jump from 4.3 to 8.4% are credited to the energy crisis, the downturn in the aerospace industry, and the loss of the -based industry **(WA State Employment Security)**.

A telephone survey in 1995 and a clinic-based survey in 1999 done by the Tacoma-Pierce County Health Department **(East Pierce County Health Care Access Surveys, Tacoma-Pierce County Health Department, October, 1999)** showed 14%

and 18% of the participants respectively reporting not having current health insurance. This would results in 98,000 to 126,000 uninsured people without health insurance. Although it would be the desire of the APC Program to enroll all the uninsured, this is not a realistic goal, since many will decline to participate. In addition, experience of other programs shows that the number of people reached shows an increasing rise after the program has been in effect for awhile. It is projected that during the first year of the APC Program, it will be possible to reach **33,000** people. **This number can be reached by enrolling the 16,000 being seen by the community clinics, plus 20% of the remaining 84,000 uninsured in the county.**

The 2 Health Department surveys found that health insurance status was associated with gender and age. Males reported a higher rate of non-insurance (16 to 21%) than females (14 to 15%). This is not surprising, since in Washington State any pregnant female without commercial insurance is automatically eligible for Medicaid coverage during the pregnancy. In those surveys the proportion of adults without health insurance steadily decreased with age. For example, 34 to 43% of adults ages 18 to 24 years reported having no insurance; however, of adults ages 35 to 44 years, only 13 to 14% reported they had no insurance. Finally, of adults ages 65 years and older, it was reported that only 1 or 2% of them lacked insurance. No significant differences were reported for White non-Hispanic adults (14 to 18%) versus other adults (17% to 20%).

Annual household income was also significantly associated with insurance status. Of adults whose household income was less than $10,000 per year, approximately half (41-57%) reported not have a health care plan. This proportion dropped significantly as the household income increased. Of adults who lived in household with incomes of more than $20,000 to $25,000, 26 to 34% reported no health insurancce. Similarly of adults living in households of over 435,000 6 to 7% reported no health insurance.

There was a significant discrepancy between the insured and non-insured in their reported coverage/lack of coverage times. Of adults with health insurance, most of them (45 to 48%) reported having the current coverage for five or more years. Conversely, those who reported that they were not currently insured, more than a quarter of them (28 to 32%) reported that it had been over five years since they were last covered, if at all. The Tacoma-Pierce County Health Department did a survey in 1994 of Hispanic health in Pierce County. Sixty-five percent of respondents reported they did not have health insurance. Lack of insurance was especially high among Hispanic adults (76% uninsured) and Hispanic children and adolescents (*6%). Those with no health insurance were more likely to report emergency rooms as their usual source of medical care. Sixty-two percent reported not having a regular health care provider.

The Health Department surveys done in 1995 and 1999 show that between 14 and 16% of the responding adults indicated that within the past twelve months, they had needed to see a physician, but did not, because of the costs. As expected from the insurance coverage data, females reported lower rates of costs as a barrier than males. Age was also associated with cost barriers. Between 23 and 25% of adults ages 18 to 24 years reported cost as a barrier. These percentages remained stable through 54 years of age, then decrease markedly. Between 5 and 9 percent of adults 55 to 64 years reported costs as a barrier.

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Of those surveyed, the following barriers were reported:

Barrier to Routine Health Care	**Percent Reporting Yes**
Costs or lack of insurance	47%
Getting an appointment	29%
Clinic Hours	25%
Not knowing where to go	15%
Transportation	8%
Personal or religious beliefs	3%
Language	1%

It should be noted that the telephone survey method under-represents populations who are very poor, homeless, without a home telephone or whose residents do not speak English. Therefore, these barriers are probably understated.

Another Health Department survey was of migrant farm workers in the county **(Migrant Health Survey, Tacoma-Pierce County Health Department, 1999)**. The overwhelming majority of the respondents (71%) reported that their employer did not offer medical insurance. Respondents who did not have insurance complained that they cannot afford medical care in the United States. Even for those with insurance, they reporting that it is confusing and they still had to pay for part of their care. Fifty-four percent of the respondents reported that within the last l6 months, either they or a member of their family was seen by a doctor, and 62% had to pay cash for the visit. Of those paying cash, 46% said that they amount of money they had to pay was a financial problem for them. However, only 12.% indicated that they were afraid to go to the doctor because of the cost alone. The remaining participants cited transportation, languae and other problems. Almost 40% identified there were multiple problems. Fifty-nine percent of the workers reported having difficulty understanding the medical care system.

The number of uninsured is expected to increase. In addition to layoffs cited above, there has been a change in the coverage for undocumented aliens. Up to now, these individuals were covered by Medicaid, which does not have a premium charge to the individual. Because of decreasing state revenue, as of October 1, 2002, these people will be terminated from the Medicaid program, but offered coverage under the State Basic Health Plan, which requires a premium paid by the individual. There are 1,600 individuals in Pierce County who will be affected. The assessment of the Medicaid Outreach workers is that many of these individuals will become uninsured, because they will not be able to afford the premium. Another factor increasing the number of uninsured is that small businesses are increasingly dropping employer-sponsored health coverage for employees. Employment Security of Washington reports that 96% of the businesses in Pierce County have less than 50 employees. These small businesses are the ones that are most likely to drop employer-sponsored coverage, particularly at a time of rising unemployment and substantial increases in premiums.

The APC Program is designed to address some of the barriers to healthcare that have been identified in surveys of residents of Pierce County, in the series of meetings sponsored by United Way and the Mary Bridge Children's Healthcare Alliance, and from interviews with representatives of delivery system organizations. Insurance coverage will be addressed by the Access Coordinators in order to identify

those eligible for coverage and assist with the successful completion of the application (see Appendix XXX for comments from the Washington Association of Community & Migrant Health Centers for the importance of Outreach workers). For those still uninsured, the APC Access Coordinators, and through information phone number provided on the back of the APC card. Participants in the APC Program will be encouraged to establish a medical home with a community clinic provider or with a participating private provider. In addition, analysis of the APC database will provide the groundwork for addressing disease management programs directed to the needs of the uninsured. For those uninsured having difficulty with the costs of prescriptions, the APC Program will establish an APC Pharmacy available to those in the APC system. More long term, establishing the database with the proposed linkages to emergency departments and participating physicians will allow tracking for changes in insurance coverage and addresses.

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